

State Elected Official Financial Disclosure Form

Name of Official: MARK S. Kinner

Office Held: House of Representative's

Senate District (if applicable): _____

House District (if applicable): [#] 29

Business Address: N/A

Business City, State and Zip: _____

Business Phone: (____) _____

Home Address: 456 Sumner Street

Home City, State and Zip: Sheridan, WY 82801

Home Phone: (307) 674-4777

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WYOMING
SECRETARY OF
STATE

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

N/A

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

N/A

- c) Salaried Employment

Job Title

Name and Address of Enterprise

N/A

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

Retired

b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

c) Investments

Income Earned

A. Any security or interest earnings



Yes



No

B. Real estate, leases, royalties



Yes



No

d) Other (describe generally):

On this 22 day of JANUARY, 2019, I affirm that the preceding information is accurate.

Mark S. Kinn
Signature